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**JUDGE KENNELLY
MAGISTRATE JUDGE BRO**

EXHIBIT A

Part 12 of 14

Policy Number: BK01116165

Loss Payable ProvisionsChange(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule**Premises
Number****Description of Property****Loss Payee (Name and Address)**

0001

LEASED COMPUTER HARDWARE/SOFTWARE LEASE
#36&37 VALUE AT 75,000.00 & ALL EQUIPMEN
T LEASED BY THE NAMED INSURED NOT TO EXC
EED THE EQUIPMENT VALUE IN THE LEASE AGR
EEMENT AND IN THE POLICY VALUES

CIT
4600 TOUCHTON RD EAST
BUILDING 100, SUITE 300
JACKSONVILLE, FL 32246

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

0001

HARDWARE LEASE 9010004763000 VALUE\$50,000 LOCATED 85% IN CHICAGO 15% IN ORLANDO. SOFTWARE LEASE 9010004764000 VALUE AT \$25,000 LOCATED 70% CHICAGO 30% WASHINGTON DC. ALL EQUIPMENT LEASED BY THE NAMED INSURED NOT TO EXCEED THE EQUIPMENT VALUE IN THE LEASE AGREEMENT AND IN THE POLICY VALUES

Loss Payee (Name and Address)

CIT TECHNOLOGY FINANCING SERVICES, INC.
PO BOX 3547
BELLEVUE, WA 98009

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

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Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

0002

Description of Property

SOFTWARE

Loss Payee (Name and Address)

COMPAQ FINANCIAL SERVICES
INSURANCE ADMINISTRATOR
420 MOUNTAIN AVENUE
P.O. BOX 6
MURRAY HILL, NJ 07974-0006

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

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Policy Number: BK01116165
Loss Payable Provisions

Change(s) Effective: 07/30/2002

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0002	LEASED COMPUTER HARDWARE/SOFTWARE LEASE #36&37 VALUE AT 75,000.00	CIT 4600 TOUCHTON RD EAST BLDG 100, SUITE 300 JACKSONVILLE, FL 32246

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- Adjust losses with you; and
- Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

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Policy Number: BK01116165
Loss Payable Provisions

Change(s) Effective: 07/30/2002

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

0005

Description of Property

SOFTWARE

Loss Payee (Name and Address)

COMPAQ FINANCIAL SERVICES
INSURANCE ADMINISTRATOR
420 MOUNTAIN AVENUE
P.O. BOX 6
MURRAY HILL, NJ 07974-0006

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

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Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0005	LEASED COMPUTER HARDWARE/SOFTWARE LEASE #36&37 VALUE AT 75,000.00	CIT 4600 TOUCHTON RD EAST BLDG 100, SUITE 300 JACKSONVILLE, FL 32246

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

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Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

0007

LEASED COMPUTER EQUIPMENT

Loss Payee (Name and Address)

ARLINGTON CAPITAL

BOX 7023

305 W BEAVER SUITE 400

TROY, MI 48007-7023

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

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3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

The St. Paul Business Foundation Series



Change Endorsement

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Change Number:	Change(s) Effective:	Policy Number:	Policy Expiration:
5	09/09/2002	BK01116165	05/01/2003

Named Insured

VOA ASSOCIATES INCORPORATED
VOA & OWP&P DESIGN COLLABORATIVE FOR NORTHWESTERN
MEMORIAL HOSPITAL
224 S MICHIGAN AVE STE #1400
CHICAGO, IL 60604

Your Agent

AVA INSURANCE AGENCY
125 N MARTINGALE RD STE 1100
SCHAUMBURG, IL 60173

Agent Code: 120853

Client Number: 0001614656

Change(s)

- * Additional Insured: Owners, Lessees, or Contractors Form C is Added
- | Form | Description |
|-------------------|---|
| CL/BF 00 45 03 95 | Change Endorsement |
| CL/BF 20 05 04 97 | Liability Coverage Part Declarations |
| CL/BF 22 45 09 99 | Owners, Lessors Or Contractors (Form C) |

Additional Premium: WAIVED

Date Issued: 05/04/2005

Authorized Representative

INSURED
CL/BF 00 45 03 95
Print Date: 05/04/2005

Direct Bill Number
4400031464
Prepaid

The St. Paul Business Foundation Series



Liability Coverage Part Declarations

Your Insurance Company is:
United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

Change(s) Effective: 09/09/2002

A Stock Insurance Company

Policy Number:

BK01116165

Reason For Issuance:

Endorsement Number: 5

Limits of Liability:

\$ 1,000,000	Each Occurrence Limit
\$ 1,000,000	Personal and Advertising Injury Limit
\$ 2,000,000	General Aggregate Limit (Other than Products - Completed Operations)
\$ 2,000,000	Products - Completed Operations Aggregate Limit
\$ 10,000	Medical Payments Limit (Any One Person)
\$ 1,000,000	Tenant Legal Liability Limit
\$ 0	Retained Limit Property Damage (\$0 Unless Otherwise Indicated)

Form Of Business:

☐ Individual ☐ Partnership ☒ Corporation ☐ Limited Liability Company ☐ Other:

Premium Schedule:

Classification	Premises Number	Code Number	Premium Basis	Territory	Rate	Advance Premium
Options						Premium
Additional Insureds: Owners, Lessees, Or Contractors Form C						\$ 0.00
Employee Benefits Liability (Claims - Made)						\$ 273.00
Employers Liability Stop Gap						\$ 100.00
International Liability Coverage Endorsement						\$ 1,250.00
Tenant Legal Liability						\$ 315.00
Total						\$ 3,243.00

The St. Paul Business Foundation Series

Liability Coverage Part Declarations

Change(s) Effective: 09/09/2002

Premium Schedule:

Audit Period: None

Forms and Endorsements Applicable to This Coverage Part:

See attached Schedule of Forms and Endorsements CL/BF 00 35.

Policy Number: BK01116165

Owners, Lessees Or Contractors (Form C)
ADDITIONAL INSURED

Change(s) Effective: 09/09/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

LIABILITY COVERAGE PART.

Schedule

Name of Person or Organization:

BREVARD COUNTY PARKS AND RECREATION ADMINISTRATION
ATTN: CATHY LIVELY
2725 JUDGE FRAN JAMIESON WAY
VIERA, FL 32940

1. SECTION II - WHO IS AN INSURED is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.
2. With respect to 1. above the following additional provision applies:

SECTION IV. 5. **Other Insurance** is replaced by the following:

5. Other Insurance.

The insurance afforded by this Coverage Part is primary insurance and we will not seek contribution from any valid and collectible "other insurance" available to the insured unless the

valid and collectible "other insurance" is provided by a person or organization who is not shown in the schedule. Then we will share with that valid and collectible "other insurance" by the method described below.

If all of the valid and collectible "other insurance" permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the valid and collectible "other insurance" does not permit contribution by equal shares, we will contribute by limits. Under this method, each Insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

The St. Paul Business Foundation Series

Change Endorsement

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Change Number:	Change(s) Effective:	Policy Number:	Policy Expiration:
6	09/09/2002	BK01116165	05/01/2003

Named Insured

VOA ASSOCIATES INCORPORATED
VOA & OWP&P DESIGN COLLABORATIVE FOR NORTHWESTERN
MEMORIAL HOSPITAL
224 S MICHIGAN AVE STE #1400
CHICAGO, IL 60604

Your Agent

AVA INSURANCE AGENCY
125 N MARTINGALE RD STE 1100
SCHAUMBURG, IL 60173

Agent Code: 120853

Client Number: 0001614656

Change(s)

ENDORSEMENT EFFECTIVE 05/01/02
PROPERTY UNDERWRITING AMENDED TO 'DO NOT PRINT SUSPENSION OF PROTECTIVE SYSTEMS' FOR LOCATIONS 004 AND 005.
Form Description
CL/BF 00 45 03 95 Change Endorsement

Additional Premium: WAIVED

Date Issued: 05/04/2005

Authorized Representative

INSURED
CL/BF 00 45 03 95
Print Date: 05/04/2005

Direct Bill Number
4400031464
Prepaid

Page 1 of 1

The St. Paul Business Foundation Series

Change Endorsement

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Change Number:	Change(s) Effective:	Policy Number:	Policy Expiration:
7	09/09/2002	BK01116165	05/01/2003

Named Insured

VOA ASSOCIATES INCORPORATED
VOA & OWP&P DESIGN COLLABORATIVE FOR NORTHWESTERN
MEMORIAL HOSPITAL
224 S MICHIGAN AVE STE #1400
CHICAGO, IL 60604

Your Agent

AVA INSURANCE AGENCY
1425 N MARTINGALE RD STE 1100
SCHAUMBURG, IL 60173

Agent Code: 120853

Client Number: 0001614656

Change(s)

Form Description
CL/BF 00 45 03 95 Change Endorsement
CL/BF 10 05 09 99 Property Coverage Part Declarations
Form CL/BF 13 00 09 99 Suspension of Protective Systems Endorsement has
been deleted from locations 4 & 5 effective 05/01/2002.

Additional Premium: WAIVED

Date Issued: 05/04/2005

Authorized Representative

INSURED
CL/BF 00 45 03 95
Print Date: 05/04/2005

Direct Bill Number
4400031464
Prepaid

Page 1 of 1

The St. Paul Business Foundation Series



Change Endorsement

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Change Number:	Change(s) Effective:	Policy Number:	Policy Expiration:
8	01/24/2003	BK01116165	05/01/2003

Named Insured

VOA ASSOCIATES INCORPORATED
VOA & OWP&P DESIGN COLLABORATIVE FOR NORTHWESTERN
MEMORIAL HOSPITAL
224 S MICHIGAN AVE STE #1400
CHICAGO, IL 60604

Your Agent

AVA INSURANCE AGENCY
1425 N MARTINGALE RD STE 1100
SCHAUMBURG, IL 60173

Agent Code: 120853

Client Number: 0001614656

Change(s)

- * Additional Interest: Loss Payee is Added to Premises Number 1
- * Additional Interest: Loss Payee is Added to Premises Number 1
- * Additional Interest: Loss Payee is Added to Premises Number 1

Form	Description
CL/BF 0045 03 95	Change Endorsement
CL/BF 00 40 04 97	Schedule of Premises
CL/BF 10 05 09 99	Property Coverage Part Declarations
CL/BF 11 65 06 98	Loss Payable Provisions

Additional Premium: WAIVED

Date Issued: 05/04/2005

Authorized Representative

INSURED
CL/BF 00 45 03 95
Print Date: 05/04/2005

Direct Bill Number
4400031464
Prepaid

The St. Paul Business Foundation

Series



Schedule Of Premises

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

Change(s) Effective: 01/24/2003

Policy Number: BK01116165	Reason For Issuance: Endorsement Number: 8
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Description of Premises:

Premises Number	Location/ Occupancy	Construction
0001	224 S MICHIGAN AVE STE #1400 CHICAGO IL 60604	Fire Resistive
Customer Reference:01		
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0002	21 DUPONT CIRCLE NW WASHINGTON DC 20045	Masonry Non-Combustible
Customer Reference:01		
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0003	1722 HENDRICKS AVE JACKSONVILLE FL 32207	Masonry Non-Combustible
Customer Reference:01		
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0004	801 BRICKELL AVE STE #900 MIAMI FL 33131	Fire Resistive
Customer Reference:01		
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0005	1030 N ORANGE STE #200 ORLANDO FL 32801	Fire Resistive
Customer Reference:01		
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0006	2200 WILSON BLVD SUITE 850 ARLINGTON VA 22201	Masonry Non-Combustible
Customer Reference:01		

The St. Paul Business Foundation

Series

Schedule Of Premises

Change(s) Effective: 01/24/2003

Premises Number	Location/ Occupancy	Construction
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0007	259 EAST ERIE STREET CHICAGO IL 60611	Frame
Customer Reference:01		
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	

The St. Paul Business Foundation Series



Property Coverage Part Declarations

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

Change(s) Effective: 01/24/2003

Policy Number:	Reason For Issuance:
BK01116165	Endorsement Number: 8

Limits of Insurance:

\$ 25,000	Depositor's Forgery
\$ 200,000	Employee Dishonesty
	Name of Plans:
\$ 25,000	Fine Arts
\$ 40,000	Property Off Premises
	Money and Securities:
\$ 10,000	Inside the Premises
\$ 5,000	Outside the Premises
\$ 1,565,000	Valuable Records

Deductible: \$500

(The Deductible does not apply to coverage for Accounts Receivable, "Business Income," Extended Business Income, "Extra Expense," Action By Civil Authority and "Expediting Expense," Counterfeit Currency and Money Orders, and Fire Department Service Charge.)

If Building Coverage exists, Property Value Guard Automatic Increase: 4% - IL

If Business Personal Property Coverage exists, Property Value Guard Automatic Increase: 3% - IL

Business Income and Extra Expense Covered Time Period: 12 Months

Premises Number	Building Limit of Insurance	Building Valuation	Business Personal Property Limit of Insurance	Business Personal Property Valuation
0001	Not Covered	Not Covered	\$ 2,262,872	Repl. Cost

The St. Paul Business Foundation Series

Property Coverage Part Declarations

Change(s) Effective: 01/24/2003

Premises Number	Building Limit of Insurance	Building Valuation	Business Personal Property Limit of Insurance	Business Personal Property Valuation
	Accounts Receivable Limit of Insurance			
	Debris Removal Additional Limit of Insurance			
	Demolition Cost and Increased			
	Cost of Construction			
	Outdoor Trees, Shrubs, Plants and Lawns:			
	Seasonal Automatic Increase in Business Personal			
	Property			
	Sewer or Drain Backup			
	Mortgagee:			
0002	Not Covered	Not Covered	\$ 137,367	Repl. Cost
	Accounts Receivable Limit of Insurance			
	Debris Removal Additional Limit of Insurance			
	Demolition Cost and Increased			
	Cost of Construction			
	Outdoor Trees, Shrubs, Plants and Lawns:			
	Seasonal Automatic Increase in Business Personal			
	Property			
	Sewer or Drain Backup			
	Mortgagee:			
0003	Not Covered	Not Covered	\$ 51,500	Repl. Cost
	Accounts Receivable Limit of Insurance			
	Debris Removal Additional Limit of Insurance			
	Demolition Cost and Increased			
	Cost of Construction			
	Outdoor Trees, Shrubs, Plants and Lawns:			
	Seasonal Automatic Increase in Business Personal			
	Property			
	Sewer or Drain Backup			
	Mortgagee:			
0004	Not Covered	Not Covered	\$ 51,809	Repl. Cost

The St. Paul Business Foundation Series



Property Coverage Part Declarations

Change(s) Effective: 01/24/2003

Premises Number	Building Limit of Insurance	Building Valuation	Business Personal Property Limit of Insurance	Business Personal Property Valuation
	Accounts Receivable Limit of Insurance \$ 35,000 Debris Removal Additional Limit of Insurance \$ 15,000 Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: \$ 3,000 Seasonal Automatic Increase In Business Personal Property 25% Sewer or Drain Backup \$ 25,000 Mortgagee:			
0005	Not Covered	Not Covered	\$ 1,068,151	Repl. Cost
	Accounts Receivable Limit of Insurance \$ 200,000 Debris Removal Additional Limit of Insurance \$ 15,000 Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: \$ 3,000 Seasonal Automatic Increase In Business Personal Property 25% Sewer or Drain Backup \$ 25,000 Mortgagee:			
0006	Not Covered	Not Covered	\$ 128,750	Repl. Cost
	Accounts Receivable Limit of Insurance \$ 35,000 Debris Removal Additional Limit of Insurance \$ 15,000 Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: \$ 3,000 Seasonal Automatic Increase In Business Personal Property 25% Sewer or Drain Backup \$ 25,000 Mortgagee:			
0007	Not Covered	Not Covered	\$ 5,000	Repl. Cost

The St. Paul Business Foundation Series

Property Coverage Part Declarations

Change(s) Effective: 01/24/2003

Premises Number	Building Limit of Insurance	Building Valuation	Business Personal Property Limit of Insurance	Business Personal Property Valuation
	Accounts Receivable Limit of Insurance			\$ 25,000
	Debris Removal Additional Limit of Insurance			\$ 15,000
	Demolition Cost and Increased Cost of Construction			
	Outdoor Trees, Shrubs, Plants and Lawns:			\$ 3,000
	Seasonal Automatic Increase In Business Personal Property			25%
	Sewer or Drain Backup			\$ 25,000
	Mortgagee:			

Forms and Endorsements Applicable to This Coverage Part:

See attached Schedule of Forms and Endorsements CL/BF 00 35.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 01/24/2003

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

Loss Payee (Name and Address)

0001

CONTENTS

LASALLE NATIONAL BANK
120 S LASALLE
CHICAGO, IL 60603

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 01/24/2003

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

Loss Payee (Name and Address)

0001

CONTRACT #001-00897482-001(CANON COLOR C
OPIER)

CANON FINANCIAL SERVICES, INC.
15325 SOUTHEAST 30TH PLACE STE #100
BELLVIEW, WA 98007

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:
 - a. Adjust losses with you; and
 - b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.
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Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 01/24/2003

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

0001

LEASE #001-07107-01 & 327929001

Loss Payee (Name and Address)

GE CAPITAL COLONIAL PACIFIC LEASING
PO BOX 23185
PORTLAND, OR 97281-3185

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

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Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 01/24/2003

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0001	CONTENTS	NEWCOURT TECHNOLOGIES CORP 2ND FL PO BOX 2017 BLOOMFIELD HILL, MI 48303-2017

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- Adjust losses with you; and
- Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 01/24/2003

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule**Premises****Number****Description of Property**

0001

SOFTWARE

Loss Payee (Name and Address)

COMPAQ FINANCIAL SERVICES
 INSURANCE ADMINISTRATOR
 420 MOUNTAIN AVE
 P.O. BOX 6
 MURRAY HILL, NJ 07974-0006

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Schedule

Premises

Number

Description of Property

Loss Payee (Name and Address)

0001

LEASED COMPUTER HARDWARE/SOFTWARE LEASE
#36&37 VALUE AT 75,000.00 & ALL EQUIPMEN
T LEASED BY THE NAMED INSURED NOT TO EXC
EED THE EQUIPMENT VALUE IN THE LEASE AGR
EEMENT AND IN THE POLICY VALUES

CIT
4600 TOUCHTON RD EAST
BUILDING 100, SUITE 300
JACKSONVILLE, FL 32246

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HARDWARE LEASE 9010004763000 VALUE\$50,000 LOCATED 85% IN CHICAGO 15% IN ORLANDO. SOFTWARE LEASE 9010004764000 VALUE AT \$25,000 LOCATED 70% CHICAGO 30% WASHINGT ON DC. ALL EQUIPMENT LEASED BY THE NAMED INSURED NOT TO EXCEED THE EQUIPMENT VAL UE IN THE LEASE AGREEMENT AND IN THE POL ICY VALUES

Loss Payee (Name and Address)

CIT. TECHNOLOGY FINANCING SERVICES, INC.
PO BOX 3547
BELLEVUE, WA 98009

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PROPERTY COVERAGE PART.

Schedule

Premises

Number	Description of Property
0001	ACCOUNT # 6666716-005

Loss Payee (Name and Address)

COLUMN OFFICE EQUIPMENT INC
P.O. BOX 740423
ATLANTA, GA 33074

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PROPERTY COVERAGE PART

Schedule

Premises

Number

Description of Property

0001

COLOR COPIER

Loss Payee (Name and Address)

COLUMN OFFICE EQUIPMENT

919 SPRINGER DR

LOMBARD, IL 60148

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